

ARIZONA STATE DEPARTMENT OF HEALTH

178

(This return should preferably be made
by the person who made the original)

DIVISION OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No. *

Place of Birth Globe

County Gila

No. _____

St. _____

SEX OF CHILD*

Female

Twin
Triplet
or other?

{

and

}

Number
in order
of birth

DATE OF BIRTH

May 30, 1924

(Month)

(Day)

(Year)

FULL
NAME

Chester Eltona Mack

FATHER

FULL
MAIDEN
NAME

Clara Myrtle Ward

MOTHER

I HEREBY CERTIFY that the child described
herein has been named

Jewel Myrtle Mack

(Give name in full)

(Surname)

Information from letter & telegram.

(Parent's Signature)

(Signature of Physician or Midwife)

*These items to be entered by the local registrar before giving out this form.

Blank supplemental reports of birth may be obtained from the local registrar.
10M-8-42-Bower Co.

142-530-364